

FILED MAR 8 1949

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 5341

503

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5595 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>JEFFERSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ARNOLD Rock</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ARNOLD</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home</u>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRED</u> b. (Middle) <u>J.</u> c. (Last) <u>BLANK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 26 1949</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAR. 23 1876</u>
9. AGE (In years last birthday) <u>72</u>	10. MONTHS <u>11</u>	11. DAYS <u>3</u>	12. IF UNDER 18, Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER "RETIRED"</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>	
11. BIRTHPLACE (State or foreign country) <u>KIMMSWICK MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>PETER BLANK</u>		13b. MOTHER'S MAIDEN NAME <u>JOHNETTA JUNGEMANN</u>	
14. NAME OF HUSBAND OR WIFE <u>EMILIE BLANK</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>OSCAR BLANK</u>		ADDRESS <u>ARNOLD MO</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ch. Myocarditis</u> DUE TO (c) <u>Senility</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 1947</u> to <u>Feb 1949</u> , that I last saw the deceased alive on <u>Feb 26</u> , 1949, and that death occurred at <u>4:00 p.m.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>Heck M.D.</u> (Degree or title)		23b. ADDRESS <u>Kimmswick, Mo</u>	
23c. DATE SIGNED <u>2/28/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MARCH 2 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>BECK LUTHERAN CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ARNOLD MO</u>	
DATE REC'D BY LOCAL REG. <u>Mar 1 1949</u>		REGISTRAR'S SIGNATURE <u>Phil J. Kirk</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>HEILIGTAG FUNERAL HOME</u>		ADDRESS <u>KIMMSWICK MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 5-7-49

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed Elmer Heiligtag

Signed _____
Student Embalmer

Licensed Embalmer No. 3571

P. O. Address Kimmawick

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.